

# ORAL HYGIENE

MAY  
1927

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# ORAL HYGIENE'S CALENDAR



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## MAY

May 2d to 6th, 1927—Massachusetts Dental Society, New Statler Hotel, Boston, Mass. Dr. Wm. H. Gilpatric, Secy., 385 Commonwealth Ave., Boston, Mass.

May 2nd to 6th, 1927—Massachusetts Dental Hygienists Association, Hotel Statler, Boston, Mass., M. Elta LeBlanc, Secy., 178 Marlborough St., Boston, Mass.

May 3rd to 5th, 1927—Iowa State Dental Society, Hotel Savery, Des Moines, Iowa. Dr. John Scholten, Secy., Cedar Rapids, Iowa.

May 9th, 1927—South Carolina State Dental Association, Columbia, S. C., Dr. T. C. Sparks, Rec. Secy., Columbia, S. C.

May 9th to 11th, 1927—Virginia State Dental Association, Hotel Cavalier, Virginia Beach, Virginia. Dr. A. M. Wash, Secy., Medical College of Virginia, Richmond, Virginia.

May 9th to 11th, 1927—Arkansas State Dental Association, Arlington Hotel, Hot Springs, Ark. Dr. H. J. Crume, Secy., Wilson Bldg., El Dorado, Ark.

May 10th to 12th, 1927—Illinois State Dental Society, The Armory, Peoria, Ill. Dr. C. N. Newlin, Chairman Exhibit Committee, 627 Jefferson Bldg., Peoria, Ill.

May 10th to 13th, 1927—Pennsylvania State Dental Society, Syria Mosque, Pittsburgh, Pa. Dr. A. C. Barclay, Secy., Highland Bldg., Pittsburgh, Pa.

May 10th to 13th, 1927—Texas State Dental Society, Austin Hotel, Austin, Texas. Dr. J. G. Fife, Secy., Dallas, Texas.

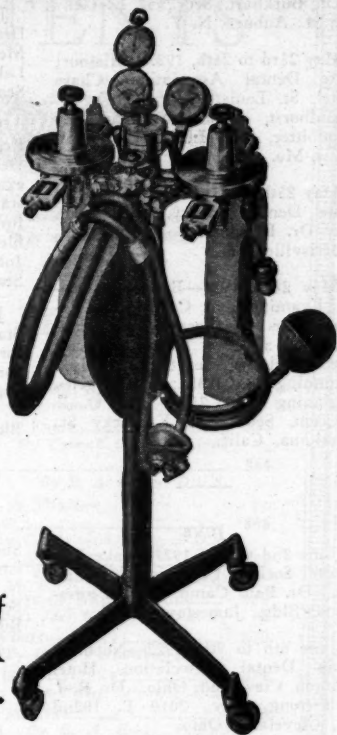
May 16th to 18th, 1927—West Virginia State Dental Society, Martinsburg, W. Va. Dr. F. M. Farnsworth, Secy., Buckhannon, W. Va.

May 16th to 19th, 1927—Canadian Dental Association, Diamond Jubilee Convention, King Edward Hotel, Toronto, Canada. A cordial welcome extended to guests from the U. S. A.

May 16th to 19th, 1927—Indiana State Dental Association, Claypool Hotel, Indianapolis, Ind. Dr. W. I. McCullough, Master of Exhibits, 903 Hume-Mansur Bldg., Indianapolis, Ind.

*(Continued on Page 848)*

# HEIDBRINK



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(Continued from Page 486)

May 18th to 20th, 1927—Dental Society of the State of New York, Hotel Statler, Buffalo, N. Y. Dr. A. P. Burkhart, Secy., 57 E. Genesee St., Auburn, N. Y.

May 23rd to 26th, 1927—Missouri State Dental Association, Chase Hotel, St. Louis, Mo. Dr. O. W. Brandhorst, Chairman Publicity Committee, 225 Lister Bldg., St. Louis, Mo.

May 25th to 27th, 1927—Vermont State Dental Society, Burlington, Vt. Dr. Lloyd C. Robinson, Secy., Morrisville, Vt.

May 28th, 1927—Board of Dental Examiners of California; Examinations for license to practice dentistry and for license to practice dental hygiene; San Francisco, beginning May 28th; Los Angeles, beginning June 25th. Dr. O. E. Jackson, Secy., 155 Kentucky St., Petaluma, Calif.

#### JUNE

June 2nd to 4th, 1927—Lake Erie Dental Society, Cambridge Springs, Pa. Dr. Paul Camp, Secy., Professional Bldg., Jamestown, N. Y.

June 6th to 9th, 1927—Northern Ohio Dental Association, Hotel Winton, Cleveland, Ohio. Dr. R. J. Armstrong, Secy., 2010 E. 102nd St., Cleveland, Ohio.

June 15th to 17th, 1927—Georgia State Dental Society, Albany, Ga. Dr. G. A. Mitchell, Secy., Candler Bldg., Atlanta, Ga.

June 15th to 18th, 1927—Colorado State Dental Association, Municipal Auditorium, Colorado Springs, Colo. Dr. H. B. Talhelm, Secy., Mack Bldg., Denver, Colo.

June 20th, 1927—North Carolina Board of Examiners, Raleigh, N. C. Dr. H. O. Lineberger, Secy., Professional Bldg., Raleigh, N. C.

June 20th and 21st, 1927—Wyoming State Dental Association, Thermopolis, Wyoming. Dr. E. C. Andrew, Secy., Cheyenne, Wyoming.

June 21st to 23rd, 1927—Maine Dental Society, 62nd Anniversary Meeting, The Belgrade, Belgrade Lakes, Maine. Dr. W. F. Fogg, Secy., Waterville, Maine.

June 27th, 1927—State Board of Registration and Examination in Dentistry, of New Jersey, regular examinations at Trenton, N. J., starting June 27th and continuing for five days. Application must be filed, complete, 10 days before. Dr. John C. Forsyth, Secy., 148 West State St., Trenton, N. J.

June 28th, 1927—West Virginia State Board of Dental Examiners, for license to practice dentistry and for oral hygiene, Charleston, W. Va.; for information address Dr. C. H. Neill, Secy., 206 Professional Bldg., Fairmont, W. Va.

#### JULY

July 5th to August 12th, 1927—Summer School for Dental Hygienists, University of Buffalo, Buffalo, N. Y. Dr. Daniel H. Squire, Dean, School of Dentistry, University of Buffalo, Buffalo, N. Y.

#### OCTOBER

October 21st and 22nd, 1927—American Society of Oral Surgeons and Exodontists, Statler Hotel, Detroit, Mich. Dr. Frank W. Rounds, Secy.

October 24th to 28th, 1927—69th Annual Session American Dental Association, Detroit, Mich. Dr. Henry L. Banzhaf, Pres.; Dr. Otto U. King, Gen. Secy.

October 24th to 28th, 1927—American Dental Hygienists' Association, Detroit, Mich. Ethel F. Rice, Secy., 721 North University Avenue, Ann Arbor, Mich.



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*The Cover—Reproduced in six colors  
from the painting, "Springtime of Youth,"  
by Brett.*

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*Founded 1911*



MAY  
1927

VOLUME 17  
NUMBER 5



Chicago Tribune Photo.

## *A WINTER MEMORY*

*A mantle of snowy white about the Greene Vardiman Black Memorial, standing at Clark Street and North Avenue, Chicago.*

# Don't Kill the Goose that Lays the Golden Eggs

By HERMAN J. KEYSER, D. Phil.

THERE once was an infant profession, contemptuously rated by its sister professions, and badly remunerated for its services.

Among the "high brows" the infant had little if any consideration. Socially, it was *persona non grata*. The infant profession had a small increase in numbers, as time passed. But what it lacked in numbers, it gained in enthusiasm. For the members of this group were absolutely "sold" with the idea that they had one of the boons of health for the human race, so often broadcast to an expectant public. So, the group set about laying their foundation and erecting a splendid superstructure for their successors to complete. Their very best hopes were fulfilled, for their successors proved even better builders than themselves. The building was built admirably and well. Those who had scorned became admirers. Socially, the group became in demand, and their "breaking in" was permanent.

Nothing succeeds like success. The infant profession developed into lusty manhood. Its ranks were augmented beyond estimate. The "high brows" busied themselves and began appropriating the profession in their very best fashion. Naturally, the young profession, with its newly acquired social status and

the commendation of the "high brows," sought exclusiveness. So, state laws of great rigidity and even greater exclusiveness were enacted. There followed increased tuition fees, increased intellectual requirements, and accentuation of the word *culture*.

The predisposed applicants for membership in the young profession found the road thereto more difficult. As time went on, applicants found membership even more so. In fact, exclusiveness had become entrenched. Culture became the watchword.

Many members of the young profession wanted that culture as part of the equipment of each applicant. So the curricula were revised to include it. Now most of the members of the profession concurred on the necessity of culture, though to many even Webster's definition of it was as foreign as some town in the remotest land. But culture must be had at any price. Now the young manhood, into which the profession had grown, was suitably protected. None but the elect might join its ranks. That poor chap, so markedly apt in the principles of the profession, and with a longing to make it his lifework, and contribute to the advance, went into other work—for a curriculum that required so long a time to complete was beyond not only his means but the years required.

# thays the Golden Egg

R, D. Philadelphia, Pennsylvania

Others contrasted the curricula and years with business opportunities, and decided to follow the latter.

Some of the members of the young profession thought it best, for self protection, to inquire into this culture business. Definitions proved perplexing, for operating rooms could not very well become drawing rooms, nor could the amenities of social practice be carried out, at least in most cases. Then, the problem arose for the inquisitors, that since culture was to be secured by academic training at the universities, and the curriculum being known to them, was that academic training an aid or a deterrent? Some of them agreed that the culture of the academic course was not only desirable but necessary. Others, whose progeny had taken such a course, and having lived four years in an academic world where economics was a good course theoretically, but a poor one insofar as the financial returns might be considered, were not so sure.

However, the yeas had it, and now the young manhood of the profession was further protected with an academic course, which should precede the professional curriculum, and insure the profession of both *culture* and *exclusiveness*. The die had been cast and there was much rejoicing.

In the land of our fathers, better known as Europe and Asia, there once developed a group of men, similar in ideas regarding culture and exclusiveness, as the members of the young profession. For centuries they were so powerful that it seemed that in the plan of

Universe they had been ordained to carry on as they had done, and so even they said. Time passed. The ranks of the cultured and the exclusive became thin, as necessarily they must and as was desired. Of course all caution was thrown to the winds. Were they not protected by law? Of course, and any who would trifle with that law did so at his peril. Success followed success, and it seemed all the while that it would go on to the end of time. But the socially elect forgot that while they lived in a sphere of academic ideas, the subjected were working out their problems according to the most practical methods of social, educational, political and religious economy.

So one day, speaking of day as a period of time, the cultured and exclusive found themselves confronted with problems from which there was no turning away, and with only one solution, and that not in their favor, but in that of those whom they formerly despised. Of course the climax came. The result was

even as in every other period of history of men, numbers won.

And they won because practical economy of the every-day world had taught them a lesson which had been well learnt. So now the despised became the rulers and they made living worth while, leaving the culture and exclusiveness to those who would have it, but as for themselves, they followed democracy, and learned to love it and prospered.

The young profession, whose manhood is developing, being set for the exclusive and culture epoch, cannot be halted in the fruition of its desires. It will go on for some time, even as the rulers of yesteryear have done, and are no more. But, the time will arrive, when those who provide the fodder by which the profession is maintained will revolt, as of yore. Then, shall the last state be worse than the first.

Would it not be better to tem-

per mercy with justice, by eliminating the dangerous elements in the progress of the profession, that it may go on down through the ages as the founders intended, as a boon for mankind, not a boon for the select? Introspection is dangerous when made an obsession, we are told. There are, however, exceptions. Introspection by the leaders of the young profession, along with the deductions by financial authorities as to the value of academic training conducive to culture, which should be given careful consideration,\* might be conducive eventually to a changed attitude regarding this supposedly highly prized possession.

Will the profession now in its lusty manhood hearken unto the advice to be found in history? Time alone will tell.

\*See editorial by B. C. Forbes, financial authority, *Philadelphia Inquirer*, Financial Section, Nov. 12, 1925.

## Oral Hygiene in Latvia

*Editor* ORAL HYGIENE:

We are about to start some propaganda in this country on the subject of impressing upon the laity the importance of dentistry for public health.

Mr. John C. Eiche from the Ritter Dental Manufacturing Co., Rochester, informed us that you are in the position to supply the necessary literature on this subject as to how it is being done in the U. S. A. This gentleman also advised us to read your magazine ORAL HYGIENE. We shall therefore greatly appreciate your sending us this journal as well as the books you may consider suitable for our purpose together with your bill for same.

Thanking you in anticipation for your kindness in this matter, we remain,

Yours very truly,

K. JURGENBERG, FR. LIND & Co.

K. JURGENBERG.

Riga, Latvia





*These pictures were taken in Korea by Dr. J. L. Boots. His article about the American Health Center there appeared in ORAL HYGIENE last month. Dr. Boots is in this country campaigning for the insituation. Above—Hospital and medical college buildings, Seoul; site for dental building in foreground. Center—Government railroad station opposite site. Lower—"These Korean mountains stand on end." See page 894 of this issue.*





# A Dentist in the Hall of Fame

By CARRICK CARRIGER CLOUD

MUCH just praise is given to our great inventors such as Watts, Fulton, Bell, Edison, and others who have harnessed natural forces and made them our servants, but what do we hear about the man who has driven away pain? Can any discovery outrank that of anesthesia? Yet how few people can name the man who made this possible!

We of the present age can imagine, but cannot realize what old-time surgery was; the depressing operating room and its table with straps and buckles, the surgeon with his corps of muscular assistants to restrain the patient, and lastly the poor tortured patient with his hideous heartrending cries of agony. With our language it is impossible to describe the suffering endured during the pre-anesthetic days. Nevertheless, such suffering attended all surgery prior to 1846. It is true that numerous attempts were made to render an individual insensible during an operation, but these attempts were crude and in many instances were even more danger-

ous and torturing than the operation itself.

When we go back beyond the days of practical anesthesia we find that myrrh and vinegar were offered to Christ to alleviate His suffering on the cross.

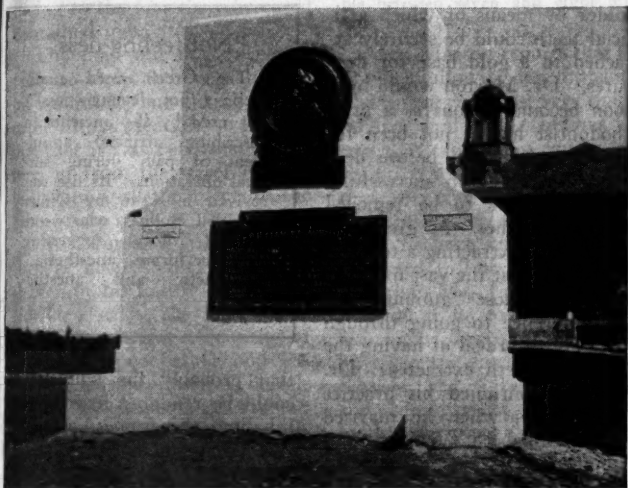
All the ancients made attempts at anesthesia among which are the following: Carbonic acid gas made by mixing vinegar with memphis stone, the juice of mandragora, India hemp, and pressure upon certain areas of the body. Later extreme cold, alcoholic drinks, and opium were introduced. Yet, none of these were of any practical value.

As late as 1839, Velpeau, the great French surgeon, expressed himself as having no hopes of ever rendering an individual insensible to pain during an operation. However, America solved the problem a few years later.

William Thomas Green Morton, the revealer of painless surgery, was born August 19th, 1819, amid the rugged hills of Massachusetts in a little country town called Charlton. His parents were poor, therefore

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*This memorial was erected in Charlton, Massachusetts, and dedicated September 1st, 1924. The tablet bears this inscription: William T. G. Morton, Dentist, Discoverer of Ether Anesthesia. Notable Contributor to the Advancement of Surgery. First Public Demonstration at the Massachusetts General Hospital, October 16, 1846. Born in Charlton, August 9, 1819. Died in New York, July 15, 1868.*

William was taught from childhood to work. Young Morton's most cherished day dream was that of becoming a noted physician. At the age of seventeen, on account of a lack of finance, he had to quit school and find work. He secured a position in Boston where he worked for four years, during which time he saved enough of his earnings to continue his education.

At Baltimore, Maryland, a short time prior to 1840, the Baltimore College of Dental Surgery had been established by an organization known as the

Society of American Dental Surgeons. This new allied branch of the medical profession appealed to Morton, so he matriculated in the Baltimore College of Dental Surgery in the autumn of 1840 and remained until his graduation in the Spring of 1842.

Following his graduation, Morton returned to Boston and opened an office. During his spare time he did a great deal of research work. In addition to practicing dentistry, he manufactured and sold porcelain teeth. He also formulated a

solder by means of which artificial teeth could be securely attached to a gold base for dentures. Dr. Morton would have soon become famous as a prosthodontist had it not been for the bare fact that before dentures can be worn successfully all roots have to be removed from the arches. So great was the pain of extracting a tooth at that time, that the vast majority of people chose "gumming it" in preference to going through the painful ordeal of having the necessary teeth extracted. Dr. Morton continued his practice until 1844, when he married Miss Elizabeth Whitman of Connecticut.

Strange as it may now seem, yet it is true that as late as 1844 dentistry was looked upon more as a filthy trade than an honored profession. For that reason Mrs. Morton's mother persuaded her son-in-law to take up the study of medicine, which he did in the office of his family physician, Dr. C. T. Jackson of Boston. In the fall of 1845 Dr. Morton entered Harvard Medical College, but abandoned the study of medicine some time during his sophomore year.

While associated with physicians Dr. Morton observed that ether was used in the treatment of bronchial trouble, and that many patients complained of a peculiar numb feeling after such treatment. Therefore, Dr. Morton applied ether locally to the very sensitive gums of one of his own patients, and she said that it lessened the pain. That simple experiment gave him an idea

### "Not-feeling-ness"

The Greek word *anesthesia* ("not-feeling-ness") was used by the ancients in describing artificial annulment of pain during surgical operations. Its use was revived in 1846 by Oliver Wendell Holmes, who wrote to Dr. Morton suggesting the three forms, "anesthesia," "anesthetic" and "anesthetist."

that probably the whole body could be rendered insensible by inhaling the fumes of ether.

Thereupon Dr. Morton began experimenting with birds, fishes, and large insects and after a while he performed several experiments on a large spaniel he owned. His wife tells that one evening when Dr. Morton came home with his dog weakly staggering along after him that he said: "Poor Nig! I've had him asleep a long time. I was afraid I had killed him."

It was hard for Dr. Morton to find anyone who would submit to an experiment, for up to that time no one had been completely anesthetized either with nitrous oxid or ether, furthermore it was the popular belief that if anyone should be thrown into a deep sleep by either nitrous oxid or ether that he would never awake. However Dr. Morton was not discouraged with what the masses thought, but continued his work until one of his assistants consented to the experiment. The experiment was not a success

owing to the fact the ether used contained impurities.

The man did not go peacefully to sleep as it was thought he would do, but instead he became intoxicated and so boisterous that it was necessary to call men in from the street to help hold him until the effects of the ether wore off.

Dr. Morton's belief in his theory about ether was not shaken by his failure, and he decided to carry the experiment further, so he got a quantity of chemically pure ether and experimented on himself. The following is what Dr. Morton wrote regarding the experiment:

Taking the tube and flask, I shut myself up in my room, seated myself in the operating chair, and commenced inhaling. I found the ether so strong that it practically suffocated me, but produced no decided effect; I then saturated my handkerchief and inhaled it from that. I looked at my watch and soon lost consciousness. As I recovered, I felt a numbness in my limbs, with a sensation like nightmare, and would have given the world for some one to come and arouse me. I thought for a moment that I should die in that state, and the world would only pity or ridicule my folly. At length I felt a slight tingling of the blood in the end of my third finger, and made an effort to touch it with my thumb, but without success. At a second effort I touched it, but there seemed to be no sensation. I gradually raised my arm and pinched my thigh, but could see that sensation was imperfect. I attempted to raise from my chair but fell back. Gradually I regained power over my limbs, and full consciousness. I immediately looked at my watch, and found that I had been insensi-

ble between seven and eight minutes.

Mrs. Morton reports that the evening following her husband's experiment he was very much excited and was anxious to try the experiment on a patient. His chance came later on that very evening. Mr. Eben H. Frost came to the doctor's home to have an aching tooth extracted. The tooth was so sore that Mr. Frost asked Dr. Morton if he could mesmerize him so the operation would not hurt, but the doctor assured him that he had a better method, and administered ether. The tooth was very hard to extract, but the operation was performed without pain, and when the patient awoke he shouted: "Glory! Hallelujah!" That operation took place on the evening of September 30th, 1846, in the presence of two witnesses, in Dr. Morton's office at 19 Tremont Row, Boston, Massachusetts.

After Dr. Morton proved to himself that his discovery was a boon to suffering humanity, he was anxious to prove its merits to the medical profession. Therefore, he interviewed Dr. John C. Warren, senior surgeon of the Massachusetts General Hospital in Boston, who was favorably impressed with the young dentist's story. Not long after the interview Dr. Morton was given an invitation by Dr. Haygood publicly to demonstrate his discovery in the operating room of the Massachusetts General Hospital.

Dr. Morton gladly accepted

the invitation, and a few minutes past ten o'clock on the morning of October 16th, 1846, he hurried into the operating room with his inhalor filled with a red liquid. He had not only colored the ether, but had also added an aromatic oil to disguise it.

When Dr. Morton entered the room Dr. Warren said: "Your patient is ready." Dr. Morton proceeded to administer the ether with only a few encouraging words to the patient who soon reached the surgical stage of anesthesia. Then Dr. Morton turned to Dr. Warren and smilingly said: "Your patient is ready, sir." Without producing pain Dr. Warren proceeded to remove a tumor from the neck of Gilbert Abbott, for that was the patient's name, after which he turned to the throng of amazed spectators and said: "Gentlemen, this is no humbug."

Notwithstanding the success of the tumor operation, the physicians of Boston refused to use the anesthetic, on the ground that its chemical composition had not been made known. Surgery, or rather barbaric butchery was again resorted to until November 7th, 1846, when Dr. Morton satisfied the ethical requirements of the medical profession.

At first Dr. Morton called his preparation "Letheon," but his friend Dr. Oliver Wendell Holmes suggested the use of "anesthetic" for the means which produce insensibility and "anesthesia" as the name of the

state produced. Cushing and Choate, two prominent lawyers of Boston, advised Dr. Morton to obtain a patent for his anesthetic which he did—not with the idea of commercializing it as is generally believed—but for the purpose of regulating the use of ether as an anesthetic.

Doubtless obtaining the patent was Dr. Morton's greatest mistake, because during the Mexican War, both the Army and the Navy disregarded the rights that the Government had given him, and the remainder of his short life was spent in a round of legal controversies.

Lawsuits were not all of Dr. Morton's worry, because as soon as his name began to be honorably mentioned in connection with ether as an anesthetic, three other men arose and claimed that they had previously discovered the anesthetic properties of ether. These men were Dr. Crawford W. Long of Georgia, Dr. Horace Wells, a dentist, of Connecticut, and Dr. Charles T. Jackson of Boston. After a long drawn out wrangle, in which Dr. Morton lost practically all he had, he was accredited the honor because he had assumed the responsibility of the public demonstration, and had proved two points: first, that ether produced insensibility, and second, that it was safe to use.

News of the new method of anesthesia soon spread to all civilized countries and Dr. Morton received many honors. Washington University of Baltimore conferred upon him the honorary degree of M.D. He

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was also invested by Russia, with the order of St. Vladimir, and by Norway and Sweden with the order of Vasa. The French Academy of Arts and Sciences gave him the Montyon prize. The Massachusetts General Hospital presented him with a silver box containing one thousand dollars. After Dr. Morton's death the citizens of Boston erected an imposing monument over his grave in

Mt. Auburn Cemetery. His bust was the seventh to be given a place in the Hall of Fame.

Dr. Morton was stricken with apoplexy in New York City, on July 15th, 1868, while riding toward Washington Heights. He was rushed to St. Luke's Hospital where he died in spite of all medical skill.

Dr. William Thomas Green Morton lived to see the prophecy: "Neither shall there be any more pain," fulfilled.

## 200 Years of Dental Experience

Bloomsburg, Pa.,—A. P.—More than 50 years each as practicing dentists are records of four dentists resident in Columbia county who say they have extracted "bushels of teeth" since they first learned to handle the forceps, according to the Oil City, Pa., *Derrick*.

This unusual quartet consists of Dr. T. Fox, Catawissa, who has been in the profession fifty-five years; Drs. I. L. Rabb, Bloomsburg and J. B. Loubach, Benton, who have practiced for fifty-four years each, and Dr. Chapin, Berwick, dentist for 52 years.

Years ago much of their practice consisted of extracting teeth and the dentists went to the homes of their patients to do the work. Now, they point out, more attention is given to preservation of the teeth and extraction is only a last resort.

A half century ago the dentists scheduled their work for a week in advance and boarded around with their patients during their trips into the country. Plates were made and fitted on these trips and persons, knowing when a dentist was to visit a community, frequently left word with their neighbors to have him call. In this manner enough work often was obtained to justify another visit by the dentist. The extracting was done on the first trip and the artificial teeth would be made and fitted on the second trip. Saturday afternoons usually were devoted to office work.

Dr. Loubach said he had made more than six thousand sets of teeth during his years of practicing and has done repair work on two thousand additional sets. Dr. Fox recently duplicated a set of teeth he made for a patient forty-five years ago.





# AMBITION

By B. A. LESTER, D.D.S., Norfolk, Virginia

**A**MBITION in an individual may be either his bane or his benison. It may lift him to an honored niche in the temple of fame, where his record will be written with that of the immortals, or it may smother him into oblivion or ridicule by the reflex of its own misspent energy. Ambition which is honorable, uprightly unselfish, and above board, is a laudable quality for one to possess and to cultivate; but ambition which seeks aggrandizement at the expense of honor, which attempts to lift up the individual through the process of pulling down someone else, is a quality which every professional man should spurn as beneath his dignity.

There are ambitious men of both kinds in the dental profession. There are men who work on year after year with a laudable ambition not only to make a mark for themselves, but to elevate thereby the dignity and reputation of their profession.

There are others, more's the pity, whose sole aim seems to be to boost themselves above their fellows, irrespective of method and merit. And a lamentable phase of this matter reveals itself in the propensity some of these

men have for attempting to belittle others.

Men who apparently stand well in the profession, and who certainly do stand well in their own estimation, never lose an opportunity of saying or intimating something derogatory to their fellow practitioners behind their backs, more especially if those practitioners are men of reputation in the profession.

It is said that "death loves a shining mark," and so assuredly does the unduly ambitious man when he wishes to foist his own abilities before the world at the expense of someone else. He will select men who are claiming the attention of the profession everywhere, men who are recognized for their ability and genius, and he will point out adroitly and insinuatingly to a choice coterie of friends some very serious limitations in the great men, which he avers the profession generally are not astute enough to perceive. In this way he seeks not only to gain credit for greater insight than the majority, but hopes to himself rise on the wave which he has created for the submergence of his more worthy colleague.

Too much of this character of undermining has been done by



men who ought to be above it. Surely ambition should be made of sterner stuff than this! A man never yet built himself a worthy and permanent reputation based on the ruins of others, especially when those ruins were created by his own hands.

The ambition for a young man to cultivate is that which urges him to accomplish something for the profession that no other man has ever been able to accomplish. Let him take today some problem which is puzzling the profession, and let his ambition inspire him to labor unceasingly for the solution of that problem. If he succeeds his name is linked indissolubly with the advancement of his profession, and if he does not succeed in whole, he will at least have left his imprint on the scientific progress of the question and his work will eventually count for just what it is worth.

No man may labor in a rapidly developing profession like dentistry without accomplishing something of real value to humanity, and without bringing his name into fair repute. He may encounter disappointments, discouragements, and moments

of disheartening depression, he may be criticized unjustly and even harshly, but sooner or later, if he sows earnestly and profitably, so shall he also reap.

The ambition which impels a young man to bring honor to his profession and happiness to humanity, irrespective of personal aggrandizement, is the ambition which, after all, proves to be the surest road to a worthy prominence.

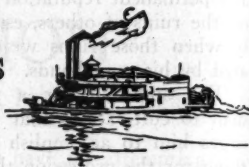
If a young man wishes to be truly famous let him seek fame through these channels. Political prominence in a profession does not always imply personal respect. A man may be a president and yet be looked at askance by all good men. He may be a private in the ranks, and yet carry with him the respect and good will of all whose respect and good will are worth having. A man may be modest, even reticent, and yet wield a greater influence among his fellows than all the spread eagle enthusiasm of the victim of a false ambition. A young man should be ambitious, should be full of ambition, but his ambition should be directed into legitimate channels. Ambition knows no rest.

## 1926 Annual Index Free

ORAL HYGIENE's Annual Index for 1926, in pamphlet form, will be sent without charge, upon request. Please address the Publication Office of ORAL HYGIENE, 1117 Wolfendale Street, N. S. Pittsburgh, Pa., rather than the Editor's office.



## Facts and Fancies Down in Dixie



By EDDIE KELLS

### "Thunder in the West"

**T**HUNDER? Well I should hope!

Anyone who has ever used a leech or seen one used could not help but be struck by the fact that if one is bitten by an ordinary creature—that is, also *ordinarily bitten*—the blood soon clots and ceases to flow, while the blood from a leech bite does not clot readily, but the bleeding may continue even for an hour or two.

Now, of course, there must be a reason for this peculiarity of a leech bite, and there is a very good reason for it.

Long years ago, this was explained to me. The leech has little glands in his mouth comparable to our salivary glands, and as he sucks the blood from his victim he injects the secretion of these glands *into* his victim, and it is this substance which prevents the clotting of the blood.

Being anxious at that time to learn more about this subject, I wrote to several of the leading

drug houses in New York and I finally was informed that an "extract of leeches" *had once been marketed* by a German firm under the name of "Herodin," but that this product was no longer obtainable.

Considering this information "authoritative," I included it in an article upon "Leeches," which was duly published in one of our magazines, and again the article appears in "Three Score Years and Nine," which I, myself, recently published. (Here's where I "get one" on Brother Rea—this free advertisement of my *new and interesting book*). So far, so good.

"Thunder in the West." Dr. Rudolph Matas (President, American College of Surgeons), a good friend of mine, happened to see this in the book in question and promptly blue-pencilled the word "Herodin" as a word non-existing. Of course Dr. Matas knew this because he knows about everything that happens to be known by anyone.

There is no such word as *Herodin*—*Hirudin* it should be, says Dr. Matas.

If one doubts this, all he has to do is to look in Gould's Medical Dictionary and there he will find *Hirudin*, but will find "*Hirudin*, the extract of a leech," just as Dr. Matas said.

So I would ask every reader of this page who has a copy of "Three Score Years and Nine" to turn to page 481 and change

the spelling of *Herodin* to *Hirudin*. Thank you, and thanks to Dr. Matas.

NOTE—Just as a matter of interest, I wrote again the other day to the same New York drug houses, and, would you believe it, one of them wrote of *Herodin*, but another wrote that it *now* has *Hirudin* in stock—and quoted it at \$2.50 per tube of 1/100 of a gram! Imagine it, \$250.00 a gram for *Hirudin*!

*Thanks, I do not need a gram of Hirudin today!*

## "Do You Get My Point?"

Editor ORAL HYGIENE:

In regard to the enclosed clipping ["Reciprocity Wins in Kansas Straw-Vote"], I want to express just a word of sympathy for our Kansas friends.

I was born and raised in Kansas and I am sure I too would be strong for reciprocity were I still living there. However, I live in California now so I look at reciprocity from a different angle than do my good Kansas friends. Do you get my point?

Sincerely,

ARTHUR G. CLARKE, D.D.S.

Oakland, Calif.

## Get It in O. H.!

Dear Dr. McGee:

There is one way to get Mississippi dentists to read about mouth hygiene in Mississippi—get it published in ORAL HYGIENE. A dentist in one of our very small towns called my attention to "Mississippi's Mouth Hygiene Program" appearing in your December issue. I appreciate your giving our work this publicity.

Thanking you for your consideration, I am,

Very truly yours,

GLADYS EYRICH,

Supervisor Division of Mouth Hygiene.

Jackson, Mississippi.



# Splitting Fees

By O. W. BROWN, D.D.S., Denver, Colorado

**T**HE editorial in August 1926 ORAL HYGIENE on "Specializing" was indeed most timely.

The specialist in dentistry and also in medicine is a tremendous problem. Too often, the physician or dentist who is little more than a failure in general practice, turns his attention to a specialty and by methods that are a disgrace to even an unethical person, gets the support of his confreres. This brings us to the question of split fees. It is a lamentable fact that many of our reputable physicians look upon that as a legitimate income, and those who are less reputable, although of ethical standing, make a studied effort to refer their patients to the specialist, who considers it perfectly proper to divide his fees.

I have come in contact with so much of this that it has become too disgusting to tolerate. I have had many physicians ask me, point blank, for a fifty per cent division of fees, and many others feel me out as to my position on the question. There are others who refer a case, awaiting my conduct as to reciprocation. I find this conduct more prevalent among the physicians than among the dentists.

The most lamentable feature of the whole thing is that a physician will refer a case with the instructions that such and such a thing must be done without asking for a consultation upon the special case in hand. This puts the dental specialist in the position of a valet, so to speak, giving him no choice in handling the case, and too often contrary to a true diagnosis and to the best interests of the patient. Too often the dentist will go ahead with the operation in opposition to his best judgment, fearing to offend and accrue the ill will of his confrere, losing his favor.

Any dental specialist who so prostitutes himself and his profession is not worthy of the name. Such conduct should be considered a species of malpractice punishable by having one's license revoked.

## EDITOR'S REPLY:

I have heard of these cases from many sources. In my own experience I have never had a request for division of a fee. If any broad hints were flung out I was too dense to get them.

The medical profession is very strongly opposed to fee-splitting and the dental profession is very rapidly reaching a similar conclusion. Fee splitters are a menace to their patients and to their profession.

Editor ORAL HYGIENE.



## Injuries Due to Careless Use of Mouth Props

By MOSES JOEL EISENBERG, D.M.D.,  
Roxbury, Massachusetts

IN the last year there has come to my attention a number of cases which bore marked evidences of injuries caused by the mouth props used in the course of a tonsillectomy or other throat operation.

These injuries were usually in the form of broken incisal edges and cusps of the teeth. I have often wondered whether the assistant to the surgeon realizes the lasting damage which may be caused by attempting to insert the ends of his mouth prop before the patient has become fully anesthetized or should he have forgotten to have inserted the small rubber prop before beginning his anesthesia.

The force required to open a jaw before the relaxation of complete anesthesia is tremendous and, if the ends of the teeth are abraided or are restored by large silicate or gold fillings there is sure to be a break which might be the cause of an expensive bit of dental work to be performed later on.

I wonder if the nose and throat surgeon has ever considered applying the double mouth prop with more consideration to

the teeth and any restorations which might be present. It is rather uncomfortable to think that a patient who submits himself for the relief of one ailment finds himself face to face with a complicated dental operation due to the carelessness of the operating surgeon. I feel that greater care should be exercised at all times in the application of all forms of appliances in the mouth during an anesthesia, because of the serious injuries which may result. The injuries may be as follows: Fracture of the tooth either above or below the gum line. Trauma which might cause the death of the pulp and the formation of an abscess due to the pulp's putrescence, this, without knowledge to the patient or his dentist. The formation of blind abscesses, the development of severe pericementitis with its complicated string of referred pains, and last but not least the destruction of both the masticating efficiency and the beauty of the patient's mouth.

Let me urge that greater care be exercised by all who insert mouth props.



# Dentistry Around the World

With Dr. D. T. Parkinson on  
"The University Afloat"

## JAPAN

**E**ARLY Friday morning, September 5th, we sailed up the Bay and into the Harbor of Yokohama, which was the greatest harbor and export city of Japan until 1923, when it was almost completely demolished by the earthquake. We were all eager eyed for the first glimpse of the first Far Eastern port where we would find ourselves in the midst of a people entirely foreign, both in speech and customs. Particularly were we looking for the evidences of the great disaster. The effects of a great earthquake can hardly be imagined. Our first view was of a large island fortification, but this island had apparently lost its foundation and dropped into the ocean. All that was visible was the tops of the buildings and gun pits. These were of concrete construction with walls several feet thick. These walls were broken and piled into a jumbled mass. No effort had been made to clear

away the ruins. Japanese officials were on board and strict orders had been given by them that no kodak pictures could be taken within the harbor. Some may have been shot from the port holes, but if so they will not be developed until we are a long time out of Japan. The Japanese Government is very strict about pictures in any of its harbors, but after landing no restrictions were imposed.

Yokohama at the present time is in the state of reconstruction. Few buildings have been rebuilt, except in a very temporary manner. Those now being put up are of a good reinforced concrete under most exacting governmental regulations. The shipping and export business of course shifted at once down the coast to Kobe, making it a most prosperous city. The people of Yokohama and Tokyo speak not so much of the earthquake as of the fire, for it was the fire which followed that made the utter



"At the door we were met by an attendant who put cloth coverings over our shoes before we were allowed to enter. Inside were offices, operating rooms and laboratories as well equipped as need be. Each department had its own operating room—Othodontia, Exodontia and Oral Surgery, Prosthetics, Research and Prophylaxis. A special operating room was set aside for children's work."

devastation of the stricken areas in both cities.

Tokyo lies inland some distance, by train about an hour's ride. It is the capital city. It also suffered greatly, but not so severely as did Yokohama, and has been rapidly rebuilding itself.

This rebuilding has not been along the original lines of the old Japanese style, but the streets have been widened, the whole city replanned and the new buildings are as modern and spacious as any in America. Tokyo is rapidly becoming a beautiful and comfortable modern city, with enough of the typical Japanese effects to keep it very interesting. Much to our surprise we found that almost every one of the younger Japanese people could speak a pretty good English, this is true because in the schools of Japan, English is now taught throughout the entire course and everybody is compelled to learn it. We found this a great conven-

ience in getting about the city.

The entertainment of our party here was largely under the auspices of the Japanese Government which furnished us with special trains, complimentary street car tickets, free autos, rikshaws and guides. They wanted us to see and understand their country and people. They don't like the exclusion act; perhaps not so much because they want to immigrate to the United States, as that they dislike being set down as an inferior race.

We were in Japan at the most beautiful time of the year. The trees here take on the most wonderful and unusual and vivid autumn colors. We saw them at their best. It was also chrysanthemum season and we saw the famous chrysanthemum show in Tokyo. This show is held in a beautiful public park, near the center of the city. On Sunday afternoon I spent more than an hour in this park and saw only one other person who was not a Japanese. They were



all dressed in their Sunday best and afforded a splendid opportunity to study the latest styles in kimonos. The usual kimono decorated with brilliant flowers and gorgeous peacocks and elaborate embroidery was noticeably absent. Such are made only to sell to the foreign tourist. The finest of real Japanese kimonos are rather modest in their coloring, and almost entirely of the darker shades. This did not seem to deter the lady members of our party from buying the gaudy ones.

I had expected to meet Dr. Butler in Tokyo, but at his office they told me he had not yet returned from the International Dental Congress at Philadelphia. I found his office located in a large modern office building seven or eight stories high and covering an entire city block. The corridors were floored and walled throughout with the finest white marble and the building equipped with every modern office convenience. His reception room I found large and comfortable. A pretty little Japanese girl received me and conversed with me in very excellent English. In the absence of Dr. Butler she said she would call Dr. Numa. Dr. Numa is a graduate of Northwestern Dental School in 1912. He is a high type Japanese gentleman. He showed me about the office.

There were five operating rooms, each uniformly equipped with the latest models of everything—chairs, steel cabinets, units, etc. Five Japanese den-

tists were busily at work. The laboratory, rest-rooms and business office were as complete as any American office. This is indicative of the high plane of dentistry in Japan.

Dr. Numa then took me out to the Tokyo Dental College, where I met Dr. Morinosuka Chiwaki, who is called the G. V. Black of Japan. He is a cultured, highly educated man, now well along in years. He is well worthy of the title of "Father of Dentistry in Japan" and is highly respected as such. He began the practice of dentistry about thirty-five years ago, and has made several trips to the States to study. About twenty-six years ago he founded the Tokyo Dental College with the idea of training good native dentists for his country. Since that time there have been twenty-one hundred young men graduated from the school who are now located everywhere throughout the Empire.

At present the school is housed in temporary frame buildings, for they had every one of their former buildings destroyed by the earthquake and fire. New, permanent buildings are under way. In the interval they are doing most excellent work in what would seem to us to be impossible barracks. These are kept immaculately clean. At the door we were met by an attendant who put cloth coverings over our shoes before we were allowed to enter. Inside were offices, operating rooms and laboratories as well equipped as

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need be. Each department had its own operating room—orthodontia, exodontia and oral surgery, prosthetics, research, and prophylaxis. A special operating room was set aside for children's work. One was impressed most with the immaculate cleanliness of the whole place. The students and demonstrators all wore "flu masks" for the prevention of communicable disease. If it had been possible I think they would have put masks on the patients as well.

At present there are in the school ten lecturers, twenty-four instructors, thirty demonstrators, and six hundred students. The course takes four years. There are in all twelve dental schools in Japan, all of which are well attended. Eight of these are class "A" schools according to the American standard of grading. Four of the

twelve are for women students; eight for men exclusively; none are co-educational. Only one of the women's schools is class "A."

The Japanese government is building another dental school in Tokyo which will accept its first class next September.

The present population of Japan is about 60,000,000 people. There are about 10,000 dentists. Graduates of class "A" Japanese schools do not have to take an examination before the National Board, but may practice in any part of the Empire. Graduates of Class "A" American schools are admitted on the same basis. Graduates of other schools must take an examination.

By this it will be seen that Japan is thoroughly sold on dentistry and is putting forth every effort to make good, high grade dentists of her own people.

### Inspired to "Carry On"

"I sincerely enjoy your magazine or better I should say 'our magazine' for truly it is a busy dentist's very own magazine and I never peruse its contents but what I am better inspired to 'carry on' and to try a little harder for the splendid symphony of our profession."—Walter T. McFall, D.D.S., Greenville, S. C.

### The Cover

Harold Brett—one of America's foremost artists—has borrowed Nature's palette and with natural skill depicted a scene of lasting attraction. In this portrayal of two young girls, high on the hill and surrounded by beauty equalled only by their own, Mr. Brett has translated into color a veritable ode to Spring.



# To Whom Shall I Sell Oral Hygiene?

By JOHN PHILIP ERWIN, D.D.S., Perkasio, Pa.

**M**Y earliest attempt to "elevate" humanity I made when, as a youth, I tried to sell sectional ladders.

At that time, thirty-five years ago, sectional ladders were new on the market.

The sales-manager directed me to call on painters, plumbers and builders.

Well, I called as directed. Called until I could barely whisper. I cut prices. I offered ladders on trial. I tried every selling scheme I knew. But nary an order.

One evening, on my way home, my heart heavier than my wares, I chanced into the shop of a tinsmith. In less than ten minutes I had my first order. And within the next hour I had sold two more sets of ladders to other tinsmiths.

Over my tea cup that evening I soliloquized, "Well, if the darn, dumb painters, plumbers and builders do not want to get 'up' in the world they might stay down. I would pass the blessed privilege on to those who appreciate uplift, the tinsmiths."

That ladder selling experi-

ence helped me to find the most likely buyers for oral hygiene.

When I started selling oral hygiene some years ago I wasted some mighty earnest efforts trying to create public sentiment in favor of dental clinics.

I wrote personal letters—which were seldom answered. I worked the newspapers. I pleaded with influential citizens. I even canvassed the clergy. But nary an order.

Fortunately, I learned, young in the game, that it was quite impossible to sell oral hygiene to the general public. They were too busy. They would not take it for a gift.

Then my ladder selling experience whispered to me, "For every Jack there is a Jill; for the sectional ladder there was the tinsmith. And for every meritorious project there is somewhere a waiting buyer."

That truth has never failed me. May it cheer you up, my discouraged brother.

Well, I found the waiting buyer for oral hygiene. The logical source for dental health to reach school children is *via* the boards of education.

The excellent results already obtained from dental health programs in public schools convincingly evidence that fact.

Let it be clearly understood that I am now considering the great mass of children. The health problems of special classes cared for by parochial schools, orphan schools such as Girard College, and endowed dental infirmaries such as found in Boston and Rochester do not belong here.

It is the children of parents with modest means that I have in mind when I say, sell your oral hygiene to boards of education. These children are badly in need of dental services. They deserve sound, strong teeth. They cannot help themselves. It is your duty, it is my duty, to do all within our power to send these children out into the battle of life so equipped with sturdy bodies that they may fight a good fight, a victorious fight.

I know of no set of men more alert, more sympathetic, to the needs of children than are boards directing their welfare.

The very fact that men and women serve on school boards shows that they love boys and girls. A director, cold to the young, will hardly serve on a board. And such cannot serve long without learning to love them.

Oh where is the soul who can

resist the charms of a tricky boy, or winsome girl.

Besides being a sympathetic audience you will find boards of education most courteous. The members are usually persons of culture and refinement.

This insures you a pleasant, profitable task. You will be treated with the dignity entitled your professional standing. You will, with ease, present your oral hygiene gospel in all its captivating refulgence.

Have you ever noticed that you do your best work for those patients who are kind and courteous to you?

Best of all, you will meet successful men on the boards of education. You do not have to magnify the merits of oral hygiene to such shrewd men. You need not present sound arguments to convince them of the vital importance of a dental health program. They are expert at gauging values. That accounts for their marked success.

Therefore, I say, there is a pleasant surprise awaiting you when you appear before your local educators. They are the cream of American citizenship. You will find them not only sympathetic, and kind and alert, but you will be delighted to find them pleased to buy your wares.

It is easy to sell to the right buyer. Just a mediocre salesman could sell sectional ladders to tinsmiths.

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*Coming—"Selling Oral Hygiene to School Officials," by Dr. Erwin.*



# Oral Hygiene in South Carolina

By E. A. EARLY, D.D.S., Darlington, South Carolina

Director Mouth Hygiene Department,  
South Carolina State Board of Health

THE Mouth Hygiene Department of the South Carolina State Board of Health has grown very rapidly since its inception three years ago. An act of the state legislature with an appropriation of two thousand five hundred dollars was the beginning. This act made necessary an appropriation from each county, district or school desiring a dental clinic.

A system had to be devised; money was to be raised, equipment purchased, clinicians employed. Each phase presented many difficulties. School dental clinics, being new, were unknown to the far greater portion of our politicians. These men had to be shown how the mouth hygiene appropriation would be advantageous during an administration based on economy. The equipment, suitable for transportation by automobile, that could quickly be set up and quickly packed was purchased. Procuring clinicians was a no less difficult task than the others. Those who have had experience as general practition-

ers and as clinicians know that different personal characteristics are desirable. A different viewpoint is required; an understanding of children, also a sympathetic strain and a recollection of one's own childhood days are desirable.

During the first year no educational work was attempted. We deviated from our original course and instituted lectures and tooth brush drills. This is permanent. These teachings will be handed down from these children to their children and to their children's children ad infinitum or until our present knowledge and teachings are supplanted by more nearly correct knowledge and teachings.

During the past three years clinics have been conducted in nineteen individual schools and in seventeen different counties and the two largest cities in the state have instituted dental clinics in their school systems. In some instances the clinics were "on trial." After the worth of the clinic had been proved in the individual schools they were

instituted in their county-wide form. A great many counties have continued the clinics year after year, though, due to the adding of the educational program, the cost has increased. In no instance has the county appropriation been discontinued except from a lack of funds. Each time the clinic has returned to a school it has received more patronage than on its previous visit.

In spite of several crop failures, few clinics have been discontinued but we have added others to the list.

### Results

The value to the state is clearly shown by the following statistics:

Children examined.....	102,741
Fillings .....	112,070
Lectures to school children.....	1,567
Number present at lectures.....	207,576
Number tooth brush drills.....	3,425

Still laboring under the unbelievably small appropriation, two thousand five hundred dollars, we "carry on."

Today our clinics are conducted in the following manner: The clinics are of two kinds—pay and free. The county desiring the clinic appropriates two thousand dollars if the clinic is of the pay type. This is obtained from the county supply bill and the county superintendent of education. This sum is used to pay the clinician's salary, purchase supplies and equipment. It is supplemented by charging a fee of fifty cents per operation.

The clinician is required to furnish his own automobile,

foot engine, handpieces and hand instruments. The county furnishes the dental supplies, chair, cuspidor, gas and oil for the clinician's car.

Someone not connected with the mouth hygiene department is appointed as treasurer of the "dental fund."

### Clinician's Work

The clinician goes to every school in the county. He sets up his equipment and examines every child in the school. A record of his findings is made in duplicate. On the back of the duplicate the parent is urged to have the teeth attended to. This is signed by the teacher and sent to the parent. The parent signs the card and returns it to the teacher. If the parent wants the clinician to do the work he returns the amount stated on the duplicate. If he does not, the card is returned just the same. At the appointed time the clinician returns to the school and does the actual corrective work. The money collected by the teachers is turned over to the principal of the school. The principal of the school turns the money over to the treasurer of the dental fund. The clinician never handles the money. Those children whose parents are unable to pay for the work are treated free of charge. The clinician also lectures and gives tooth brush drills.

If the clinic is of the "free" type the county appropriates three thousand six hundred dollars. This pays the clinician's



salary and all other expenses. All work is then free.

We pay our clinicians two hundred and fifty dollars per month. We feel that the salary justifies itself in many ways. The clinician feels that he is making a living wage, therefore

takes pride in his work. By paying this salary we are able to select the best men. We are proud of our clinicians; the clinicians are proud of the department. This policy has been justified by the efficiency of the department.

### "Telling the People"

Dear Dr. McGee:

The December, 1926, issue of the *ORAL HYGIENE* was certainly a winner, and contained some very interesting and encouraging information and speculation.

The article entitled "Telling the People About Dentistry" should be of real interest to anyone even remotely connected with the profession and certainly to all practitioners. Count me among those who would endorse a nation-wide campaign of this kind and wholeheartedly approve an immediate start. I have reread the article and cannot find any statement as to who foots the bill for this campaign of ethical advertising or who authorized its inception and carrying on. Whoever he or they happen to be, God bless them for farsighted individuals who have taken a much needed step already fifty years overdue. If there is anything that we can do to start the ball rolling toward such a goal do not hesitate to count me in together with several brother practitioners whom I know

will find this as welcome as I do myself.

A word should be spoken too for the article continued in this issue regarding the "Renaissance of Dentistry." Let me go on record as approving also of this move and wholeheartedly endorsing it. I think that a post course with an added degree would be a fine thing for the profession as a whole, and would serve the additional purpose of sorting out those who wish to remain among the up-to-date progressives, and those who do not. I have been on the job for nearly seven years at this same location and have taken advantage of several "posts" and other means of keeping abreast of the times, and still feel that maybe (?) there is still something that I can learn which will benefit my patients, and so directly affect myself and my income.

Yours for a better equipped staff of dental surgeons with more twentieth century publicity,

I. M. SMITH, D.D.S.

Chicago.







## Suggestions for the Writing of Dental Papers

*This is the fourth and concluding installment of a series by John Bell Williams, Ph.G., D.D.S., Richmond, Va.*

### CHAPTER VI. ILLUSTRATIONS

**I**LLUSTRATIONS and tables will add greatly to the value of any printed article, provided they are clear, distinct pictures which actually illustrate the written matter. Pen and black ink drawings on hard, white paper are preferable for showing instruments, apparatus and diagrams of operative technique. Photographs offer a wide range of usefulness in illustrating dental subjects. Objects should be photographed against a plain, strongly contrasting background with the camera focused on the detail to be shown. From this negative prints are made for the publisher, on glossy paper. They should not be mounted nor folded, as waviness, warping and cracks may affect the reproduction. Prints from roentgenograms must be used judiciously, since much detail is lost in these reproductions. A good original roentgenogram is as desirable as it is scarce.

The art of making good illus-

trations requires special training and skill not possessed by the average dentist or photographer. In cities where it is possible to secure the services of an artist who caters to this work, the writer will find it well worth while to enlist such services. Artists and authors should bear in mind that illustrations may have to be reduced and should allow for reduction in both pictures and reference letters. The detail shown should occupy most of the space. A good illustration should not be ruined by written descriptions on its surface.

Reference letters or figures should be fully explained in the legends. Each legend should be written on a separate sheet of paper, attached to the manuscript, and numbered to correspond with the illustration to which it refers. Each legend should give a clear description of the illustration.

Illustrations should be numbered on the back in a series as; Fig. 1, Fig. 2, Fig. 3, etc., and should be so referred to in the text. The word "top" should be written on the back of each illustration at the upper edge. On the back of each illustration should also be written the

author's name and the title of the article to which the illustration belongs.

## CHAPTER VII.

### BIBLIOGRAPHY

Bibliographies have two definite purposes. They refer the reader to articles which further amplify and illustrate the subject the author is discussing, and they give due credit to other writers. People more than casually interested in the subject may desire to consult the references for additional information. To write something as original, the substance of which has previously been published, may lead to embarrassment. On the other hand it is inexcusable to go back to Adam in crediting other writers with accepted facts, for the sole purpose of appearing well informed through the exhibition of a lengthy bibliography.

There are two rules for quoting references:

1. Accuracy.
2. Completeness.

To be perfectly clear, each reference to periodicals should give the author's name and initials, the title of the article, the name of the journal in which it appeared, volume, page, month and year, as:

Bunting, W. W., Oral Sepsis in its Relation to Systemic Disease. *Dental Cosmos*, 66; P. 520, (May) 1924.

References to books should give the author's name and initials, the title of the book, edition, place and year of publication, name of publishers, and, if necessary, volume and page; as:

Noyes, F. B.; *A Text Book of Dental Histology and Embryology*, Third Edition, Philadelphia and New York, 1921, Lea and Febiger, P. 175.

### Foot Notes

A foot note that refers to the whole article is placed at the bottom of the title page with a star to show its relation to the title, as:

The Principles of Oral Surgery\*

\*Read before the Richmond Dental Society, October 18, 1923.

Other references used as foot notes are placed at the bottom of the page and numbered consecutively to correspond with reference figures in the text. When the same reference is used more than once, the reference number of the original note is repeated. If a long list of books or papers is used, it is well to give this bibliography grouped on a separate page at the end of the article:

### Bibliography

Harrison, G. R.; *The Relation of Modern Dentistry to the Practice of Medicine*. *Va. Medical Monthly*, 49: p. 88, (May) 1922.

Osler, W. L.; *The Evolution of Modern Medicine*, New Haven, 1921. Yale University Press.

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Goodwillie, D. H.; Address to Section on Oral Surgery, Transactions of the A.M.A.; 33 p. 464, 1882.

Society Proceedings; *Journal A. M. A.*, 8 p. 722 (June 25) 1887.

Duke, W. W.; Oral Sepsis in its Relation to Systemic Disease; St. Louis 1918; C. V. Mosby Co.

Riggs, J. W.; Suppurative Inflammation of the Gums and Alveolar Process; *Western Dental Journal* 12, p. 529, 1898 (Republication.)

Cheadle, W. B.; Harveian Lectures in the Various Manifestations of the Rheumatic State as Exemplified in Childhood and Early Life; *Lancet*, 1; p. 872, 1889.

Davis, M. M.; The Development of Dental Clinics in Hospitals and Dispensaries. *The Modern Hospital*, 17; p. 566 (Dec.) 1921.

Barker, L. F.; The Future of Medicine in America; *Jour. A.M.A.* 76; p. 1527 (May) 1921.

## CHAPTER VIII.

### REVISION

The revision of a paper is made to improve arrangement, to add new ideas, to eliminate inaccuracies and unnecessary remarks, to verify references, criticize word selection, and to correct sentence, paragraph and chapter structure. More than this, the writer will find careful revision a valuable method of improving his writing. When a man desires to attain success in golf, tennis or swimming, he knows that he can do so only through hard work and practice. The same is true in writing, and the careful criticism required in the revision of a paper necessitates hard work and affords good practice. It is a mistake to continue for twenty years to make the same errors

and call it experience. The surest way to improve in writing is to become a rigid censor of your own writing.

In revising his paper the writer will find it helpful not only to read it aloud to others but to have others read it aloud to him. Such readings should be repeated until the author feels sure that every sentence runs logically and every unsatisfactory word has been replaced. After such revision, the manuscript should be put away and forgotten for several weeks. Then, with a mind clear and refreshed it may be given a second thorough and more critical revision. To tear down a poorly expressed sentence, paragraph or chapter, and to rebuild it properly soon becomes as fascinating a pastime as improving one's game in sport. Each finished paper produced by the writer will make his successive efforts easier and better.

## CHAPTER IX.

### THE MANUSCRIPT

After all necessary changes have been made, the article should be typewritten on one side of a good, white paper of letter size, with the lines well spaced and with margins of not less than an inch on all sides. A carbon copy should be made and retained by the writer to compare with the publisher's proof, and as a safe-guard in case the original is lost. The author's name should be written on each page of the manuscript and his office address at the end

of the article. Each sheet should be numbered, beginning with the title page. A manuscript consisting of a great number of sheets should be placed in a large envelope and mailed without folding. When there are only a few sheets, the manuscript may be folded. Never roll a manuscript.

#### CHAPTER X.

Proof of an article is often submitted to authors before publication. Frequently it will be seen that the editor has made changes to improve the manuscript or to meet the requirements peculiar to his particular journal. These changes should be carefully studied to determine whether the original meaning has been interfered with. If the editor's changes are approved by the author, he should make corresponding changes on his carbon copy of the original.

Corrections of the proof should be made on the margin. A line is drawn from the marginal correction to the place in the text where the correction is to be inserted. Marks of correction in the text may be overlooked by the typesetter, as he will look only for marks on the margin. Care should be taken

to write all corrections plainly, as, generally no further proof is made for the author.

When the omission of words or sentences is desired, the change should be indicated with a pen. In no case should a part of the proof be cut away. Should the author desire the elimination of letters, words, punctuation marks, or even sentences of the text, he should cross them out and write the word "omit" in the margin with a line drawn to the change in the print.

If proper care has been exercised in the writing of the paper, no changes will be necessary other than the correction of typographical errors. Proof-reading is not to be considered a revision. Revision should be completed before the article is given to the printer. Typesetting is expensive and the author should be considerate enough not to make extensive and unnecessary changes after the type has been set.

Editors are entitled to the courtesy of a prompt return of the corrected proof, and the writer should state, when he returns the proof, the number of reprints desired.

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# The Business Side of Dentistry

By J. R. ARDIT, Cincinnati, Ohio

THE discussion of the business side of dentistry is a subject that always appeals to me very strongly, because I thoroughly believe in the real value of dentistry. I know that your patients can never pay you for the full value of the services that you render. In dentistry, you are dealing with a factor that is most essential to the patient's life and health.

In the practice of dentistry there should be two factors considered that are of great importance: beauty and usefulness. The factor of beauty of course naturally appeals more to women but the factor of function is equally important to men, particularly the business men who give this matter thought and consideration, in relation to its true value.

I am referring to these items because in the commercial field the first thing that we must consider regarding any product is, its utility, and having determined the actual utility that dentistry possesses we can then use this as a basis to determine your compensation. If for the

present we accept the statement, that a patient cannot pay the real value of dentistry to them, let us see what factors we will have to consider, so as to at least insure a fair return to the dentist.

The discussion of the business side of dentistry rather appeals to me. While on the way down to the college, in thinking this matter over this idea occurred to me: Some years ago it would hardly have been considered proper to discuss business apparently, however, that is no longer the case, so it might be well to find out at this time that the business side of dentistry differs in no manner from the business side of any occupation or industry. It would no doubt amuse you if I were called upon to discuss the business side of business, but dentistry is a profession and while a distinction can properly be made, certainly consideration of the business side should and must be given.

I am going to try to make my presentation more forcible by using a comparison with what we can term commercial busi-

This address, "The Business Side of Dentistry," was delivered by Mr. J. R. Ardit, a member of the dental trade, to the Senior Class of the Ohio College of Dental Surgery.

ness and the business side of dentistry, in an effort to prove that there is a parallel existing throughout that cannot and should not be evaded. If we start at the very beginning, any business organization must first organize and secure articles of incorporation from the secretary of state, which can be compared to your college studies and preparation, followed by your state board examination. In both cases, legal notice is served to the public that either an individual or a group of individuals have proven themselves qualified to engage in a certain occupation.

A commercial unit in organizing must secure first of all capital to work with and must then provide facilities to handle its financial side, to handle its manufacturing activities and also to handle its sales activities. These three combined must produce a result that will pay the cost of operation and overhead, and at the same time leave

a margin that is called a net profit.

The parallel side of dentistry is that you must consider the cost of your attendance at college as part of your invested capital. The purchase of your equipment should also be so considered. In other words, your total expense, including the cost of your time, up to the time that your office is ready to transact business can be compared to the working capital of a commercial organization. So in the same manner you will have to watch your financial operations and while you cannot say that you are manufacturing in the true sense of the word, yet you must create value and utility for each patient in order to effect the sales of your services. The net results of such sales should like those of the commercial organization be sufficient to pay your cost of operation and overhead, in which price is included, interest on the original investment and then



you too, like the commercial organization, should have left over a margin which can be called a net profit.

Having granted that dentistry possesses both utility and appeal, you cannot base your fees on just a sufficient amount to pay the cost of your materials. You must have a profit above that cost to pay your cost of operation and overhead, and in this should be included a salary which you should pay to yourself. Besides this, a profit on the capital which you have invested, represented by your college expense and the amount of time lost, should carry an interest return of at least six per cent. Even as our manufactured articles must be sold, so in the same way you will have to sell yourself and your services and even after these are sold it will not be the total amount of your gross practice at the end of the year that will be a guide as to whether your practice is successful, but even as a profit in a commercial organization cannot be realized until the article sold is paid for, so in the same way is your practice. *Your only true measure of successful operation will be the total amount of your gross cash receipts.*

### Extending Credit

I want at this time to point out certain differences that exist between what is considered commercial practice and professional practice in reference to collection and credit rules. Since ninety-five per cent of business

transacted today is transacted on a credit basis, we should analyze the principle under which that credit is extended, and I am confident that if we do and follow the same principle we can feel that we are perfectly safe in doing so.

The first rule is, that all credit is extended on specific terms, usually thirty days. This extension of credit carries a definite obligation to pay, which is usually lived up to by the purchaser. When that obligation is not properly met there is a thoroughly well defined course of procedure which is pursued by most of the houses. First—a courteous reminder of this obligation is sent to the debtor. If this is not successful, a second notice is sent to him and is more forcibly worded. Following this, the debtor is invariably informed that unless the obligation is properly taken care of, legal steps will be taken to effect its collection.

Let us bear in mind the statement previously made that your profit cannot be realized until cash is received for services rendered, in the same way profit cannot be realized until collection is effected for merchandise sold.

Recognizing the above outline covers the principle applied to the manner in which credit is extended in the commercial field, let us compare that with the average method of extension of credit in dentistry.

In the past it was not at all unusual to extend credit to a

patient without any definite terms of any sort. In fact the patient was allowed to pay practically at his convenience. As to what sad results this sometimes brought about, some of the older men in the practice can tell you better than I. Suffice to say that you will invariably find the older practitioners considering only cash receipts as an index to the success of their practices. The point that I would like to stress again, is that commercial business extends definite credit terms and expects the purchaser to live up to them. Furthermore, business cannot hesitate to let the purchaser know that payment must be made. They cannot do so, because were they to follow this policy failure would result. The fact that in the past a dentistry has allowed patients to set their own terms and pay largely when they please, has no doubt been occasioned by some fear on the part of the profession of offense to the patient.

### Must Show Profits

Business has learned that it must determine what profit it shall make to insure its true measure of successful operation. As an illustration, an audit taken during the year 1925 of the representative dental dealers of the country, showed an average net profit so low as to at once indicate the need of greater efficiency of operation so as to increase this margin of profit which should be rightfully termed the margin of safety. In the same manner we can consider

the years that are outstanding in the profession of dentistry. As you gentlemen are better acquainted with dental history than I am, I will not take any chances by using dates, but will refer to the year in which the use of vulcanite rubber was introduced, to the year in which bridge work was introduced or to the year in which silicates were introduced. Then coming to more recent times, to the introduction of the theory of foci of infection which has undoubtedly done more to advance dentistry than any other single thing that has come into it.

And now in the same way there seems to be every indication that business methods of efficient profitable operation will be introduced to dentistry and will be as outstanding as the several things above referred to.

Even as experience is our best teacher, even as from one book we can gain the benefit of a man's life study, so from the enormous field of business we have the vivid experience of others, to learn and benefit from without paying the cost, but actually reaping all of the benefits.

The discussion of this entire subject would be unjustified if the financial returns were the only consideration. If there were not something very much bigger to be considered than merely the financial consideration. That something bigger, that is in back of all of this discussion and which the practical application of these various theories will

make possible, is the very thing that you have been taught in your college, during the entire course and that is "Better Dentistry."

I have frequently stated, and can safely repeat, that the best dentistry that can be practiced surely is none too good for your patients, and in order to be able to practice that type of dentistry that will reflect creditably upon you and upon the profession, and be a real source of benefit to your patient, you must be in the proper physical and mental condition, and you can hardly be in the proper mental condition if every patient that sits in your chair drives a "David Harum bargain."

Andrew Carnegie once said that he would give ten million dollars if he could but add ten years to his life. Among the older inventors today, Edison has been known to express the wish that he might be born over again or at least born at a later date because he realizes that as the world is progressing and growing richer and wealthier and happier, so in the same ratio is the opportunity for service increasing. That is the opportunity that you have in the practice of dentistry. And if you will but give some slight consideration to some of the factors that have been outlined, every member of this class should make a success of his practice, and at the same time prove a credit to the profession, because of the service actually rendered.

I have been given a half hour

to present this subject to you and as I only have five minutes left I will close by making reference to some figures that I hope you will remember at a later date.

In a splendid article in *Forbes Magazine* recently, Mr. Rand of the Rand Kardex Institute, considered one of America's outstandingly successful young men, gave the following rule which he claimed would insure success to any business. The rule is very simple. It is the same rule that Dickens put into the mouth of Micawber regarding income and expense result—happiness or misery. "Bear in mind that there are only one hundred cents in a dollar and for simplicity use the figure of one dollar as your unit of measure."

### What Hourly Basis?

I am not going to confuse you by referring to dental practices of the magnitude that you may have heard something about, but I will say instead that when you reach a gross income of eight thousand dollars to twelve thousand dollars you can consider yourself as well within the average, but if I can further impress upon your mind that no matter how economical your office, your overhead will average at least 36 to 40 per cent which means of course that from every dollar that you take from a patient, 35 to 40 per cent has already been spent to pay your cost of operation, even before you get it. If you can but avoid the error so frequently made of

considering that entire dollar as a profit you will have learned the first rule that is a stepping stone to further profits.

I think that I am perfectly safe in saying that your first year, because of the fact that you are just establishing your practice, your cost of operation will come closer to 50 per cent than it will any 35 per cent or 40 per cent which simply of course further means that for every five dollar fee that you receive, two dollars and fifty cents of that will have been spent before you receive it.

Now let us do a little mental arithmetic, so that you will be able to determine for yourself why dentistry today is beginning to consider minimum fees of five dollars and six dollars per hour. Granting that at the beginning of your practice it will be a physical impossibility for you to be busy every hour of the day and even on a conservative estimate that you will have occupied productively four hours out of each day, and bearing in mind further the fact that students of dental economics have shown us that only about two hundred and fifty days out of the year can be considered as working days, when deducting Sundays and holidays as well as vacation and multiplying the two hundred and fifty working days by the number of productive hours on a conservative basis at the figure of four, you will probably find that about one thousand hours out of your first year's practice will

actually yield you a net profit.

If you got the five dollars minimum fee on this basis, you can readily see that your gross income would be five thousand dollars from which will have to be deducted your overhead cost of operation, which we will place at fifty per cent your first year and you at once come to the conclusion that your net earnings will be right around two thousand five hundred dollars or fifty dollars per week. You can also readily see that if you decide to adopt as a minimum fee the figure of six dollars per hour instead of five dollars on the same working basis, your gross income at the end of the year will be six thousand dollars, which can probably be effected without any increased cost of overhead, leaving your net profit at the end of the year three thousand five hundred dollars in rough figures instead of two thousand five hundred dollars or an average closer to seventy dollars per week.

The figures that I am giving you and quoting you are mostly practical experiences of many dentists. They are conservative, but I do believe that they represent real facts rather than imaginary ones. You, like many others who have started out before you, will undoubtedly learn that after your first year your practice will begin to increase, so that instead of having four hours per day that are actually productive you will undoubtedly

be able to increase this to five, in which case if you adopt five dollars as your minimum fee your gross practice will average around six thousand two hundred and fifty dollars from which, deducting your cost of running your business, will naturally give you your real and net profit. Should you, however, decide to adopt six dollars per hour as your minimum fee, and on the same number of hours your practice will naturally total around seven thousand five hundred dollars gross.

The figures that I am quoting you I believe are capable of attainment on the part of each one of you. By the time that your practice reaches a gross figure of seven thousand five hundred dollars, you will hardly need any further facts or information from me as to the business side of dentistry, because you will have come in contact with enough of it in a practical way through your own experiences and will be actually on the road toward a successful practice for which you have just completed four years' strenuous work and study.

### Common Sense

I cannot help but refer to one other fact. From our contact with student members of previous classes, that student who upon graduating figured as I have tried to show you and considered first the cost of operating his office, invariably turned out to be one, who within a period of a few years, established a successful practice—successful in every sense of the word, financial, and otherwise. But the student who upon graduating thought that the returns of dentistry were so rich that it was not necessary to figure such costs, even to the point of buying more dental equipment and furnishings for his office than he could pay for, invariably had a bitter lesson in store for him.

Of this there is no need, as every practicing dentist will be glad to aid you with suggestions, in the same way we or any other dental dealer will be glad to do. We are interested in the success of each one of you, and prefer to see you establish a successful practice because the profession of dentistry is on such a footing today that success should be easier than failure.



# EDITORIALS

REA PROCTOR McGEE, D.D.S., M.D., Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of Oral Hygiene, Pittsburgh, Penna.



## Not So Good At First Glance

London—(AP)—Parents of London children attending council schools have a rooted objection to their children being examined by doctors and more so to acting on the advice of the London County Council regarding teeth. An official asserted that fifty per cent of parents refuse advice after examination of their children's teeth. Some of the letters written to school masters in protest are recorded by the council.

One says: "I desire my daughter's teeth to remain as they are. The same power that placed them there will make due change when necessary."

One mother wrote: "Father has had toothache all his life, so the child will have to put up with it."

**D**OESN'T that sound English?

The ordinary garden variety of Englishman is a most likable person who has convictions.

These convictions are first that the British government is the best in the world but that it is his duty to damn it and your duty to praise it.

Second, he is either for or against the established church, and third, any change, is in his



mind, a change for the worse, so why change?

There were riots in England when they tried to change the infantry arms from bows and arrows to guns. To propitiate the spear-men they put bayonets on the guns and we still kid ourselves that battles are won with bayonets instead of bullets.

When machinery was invented there were riots all over the British Isles because the workmen feared for their jobs.

Then when Jenner's Vaccine for smallpox was introduced it nearly disrupted the Kingdom and now the empire rises up and demands decayed teeth!

There is one redeeming feature in England. The ruling classes look after the welfare of the proletariat and when the authorities decide that the health of the school children is to be conserved—it will be conserved—so that is that.

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### The News Columns

THE weekly periodical of terse comment called *Time* has an unfortunate habit of mixing constipation and ideas in a close juxtaposition. We like the ideas; but first, as the interest grows, it becomes necessary each week to stumble over a full page of Fleishmann's yeast advertisement telling how a beautiful lady had her terminal facilities greatly benefitted or how a naval hero no longer hopes for the early sinking of a battleship to end his miseries.

# International Oral Hygiene



Translated and briefed by CHAS. W. BARTON

## GREAT BRITAIN.

Four years ago the Medical Research Council set apart a committee to investigate dental disease on a broad basis, and Dr. N. J. Ainsworth's findings from an examination of 4,000 school children, the second report of this committee, has given the most valuable information on the subject. The *Lancet*, therefore, severely criticizes the Research Committee of the Dental Board of the United Kingdom who have turned down an application for a grant received by Drs. R. A. Broderick, H. Round and Hervey Wyatt to study the association of gastric ulcer and oral sepsis. They proposed to attempt to reproduce gastric lesions in rabbits by inoculation of cultures from patients with gastric ulcer associated with oral sepsis. In other words, this research was intended to reproduce Rosenow's theory of elective localization of bacteria and to test its validity. It is somewhat surprising—says the *Lancet*—that the Board, after consultation with the Dental Committee of the Medical Research Council, refused the grant on the grounds that the work did not appear "primarily concerned with dental research." Rosenow's views have attracted wide attention in America and in all parts of the world, and it seems highly desirable that his experiments should be repeated also in England. It is true that their significance is not

limited to oral sepsis, but it is chiefly in connection with infection from the teeth that Rosenow's theory is discussed. It has so important a bearing on focal infection that we cannot understand the attitude which would deny to such an investigation as that proposed by Broderick and his fellow workers the right to be considered as a piece of dental research.

From a paper by Dr. Henry Cantor on the work of the school dental officer, read before the London Hospital Dental Society, we cull some interesting remarks on the controversy concerning the exact nature of enlarged glands in the neck. It will be readily conceded that it has been customary in certain quarters—one might say in many quarters—to assume that the persistence of an enlarged gland must be due to the tubercle bacillus. Dr. Cantor believes that this assumption is often extremely valueless, as investigation of glands after removal often fails to show any tuberculous lesion at all, whilst bacteriological examination often shows the presence of streptococci, staphylococci and streptothrix, usually of low virulence. This interesting and distinctly important subject of enlarged cervical glands has not been really adequately dealt with in dental literature. While the sub-maxillary and sub-mental glands receive drainage from oral and adjoining tissues, the superficial cervical glands concern the den-

tist in that they drain the scalp and the skin of the neck. It will be appreciated that in the neck region there are many sources of possible infection or of possible irritation, and it is an experience of many school dental surgeons to come across cases of cervical adenitis in children where the real cause may be obscured by the finding of much oral sepsis or diseased teeth, or of some ulcerative lesion of the floor of the mouth. When Dr. Cantor discovers the presence of these enlarged cervical glands, and having already examined the oral cavity, he proceeds to look for the presence of enlarged or septic tonsils or adenoid tissue, whilst, of course, the condition of the tongue is carefully noted. Failing the discovery of any likely cause in the mouth, he proceeds to glance at the scalp on the look-out for any skin lesions which may be causing a peripheral irritation, the chief of which, so far as cervical adenitis is concerned, would appear to be impetigo, pediculi, and seborrheic eczema. In summarizing his experiences, Dr. Cantor holds that it must be readily conceded that it is not at all easy to say by which route the infective process enters in many of those cases of cervical adenitis, especially as very often more than one possible lesion is present. But in coming to a definite conclusion as to the cause of any enlarged cervical glands—or any other trouble for that matter—it is well to remember that *statistics deal with averages, whereas we are dealing with individuals some of whom will prove exceptions.* From his notes Dr. Cantor finds that 82 per cent of cases of cervical adenitis which he has met with have been due to enlarged or diseased tonsils and adenoids, and diseased conditions of the teeth and gums. In many children the cervical glands are palpable even in the absence of any apparent cause; and this particularly in children from poor homes, insufficiently nourished, badly clothed and living under very crowded and unhygienic conditions. —*The Dental Record.*

## INDIA

Considerable concern is being felt as to dental conditions in Bombay. It is stated that as many as 75 per cent of the school children, and even a larger percentage of the adult population, are suffering from dental troubles. There are only seventy-five dentists in the city to cope with the needs of a population of nearly one and a quarter million, and of these 95 per cent are unqualified. There is not a single dental hospital to give free relief to the poor, and no dental school to provide training. A leading local practitioner, says a *Central News* message, describes this state of affairs as "a dismal and disgraceful condition," and declares that much of the public health work now being carried on is nullified by the poor state of Bombay's molars. An appeal was made during a "Baby Week" in Bombay to some public spirited philanthropist to come forward and establish a dental school and hospital.

\* \* \*

## AUSTRALIA

The Broken Hill Associated Smelters Proprietary Limited decided to establish a dental clinic at its large works at Port Pirie, and the Company is being highly commended in making this progressive move which is in keeping with up-to-date companies in America and elsewhere.

\* \* \*

## JAPAN

As proof of Magitot's contention that tooth decay is more prevalent among women by 25 per cent than among men, Dr. Minoru Suzuki has made a dental examination of 924 pupils, between the ages of fourteen and eighteen, of the leading girl schools of Tokyo. The percentage of carious teeth was 18.1 in girls of fifteen, and increased to 22.1 at the age of twenty. The average amounts to 16.7 per cent. The six-year molar was decayed in 46.3 per cent, the cuspid only in 0.6 per cent. As Dr. Suzuki remarks, "generally the girls have

more carious teeth in their upper jaw, for the front teeth in the upper jaw are easier victims to decay than the lower ones. Of course this is just the reverse with molars, as has been already proved by many statisticians.—*Nippon No Shikai*, Tokyo.

\* \* \*

#### VENEZUELA

According to the *Gaceta Dental* of Caracas a dental clinic has been opened at the Dental School of the Universidad Central de Venezuela for the purpose of rendering dental services to the poor absolutely free of charge, in all that concerns extractions, prosthesis and treatments of the mouth and teeth.

\* \* \*

#### MEXICO

In a brief essay on oral hygiene during pregnancy Dr. Ramon Caranca y Trujillo, of the University of Yucatan, lays particular stress on the necessity to supply means for recalcifying the teeth of the preg-

nant mother. He recommends the administration of the well known calcium-phosphate-magnesia compounds suggested by Ferrier, Robin, and others, and firmly believes, we judge, in the immutability of the French dictum that "every child costs a tooth."

May we be permitted to deviate from our role of impartial chronicler for once and state our belief that, gestation being a physiological process for which woman is supposedly well fitted by Nature, it seems like overdoing a good intention by calling upon the oral hygienist to substitute artificial therapeutics where entirely logical and natural means of proper nutrition are certain to overcome any anomalies of calcium metabolism—anomalies which are based on more or less lifelong faults and insufficiencies in feeding—and which cannot but yield the most salutary effects both upon the mother's denture and the osteogenesis of the fetus.—*Estomatologia*, Merida.

Mail to

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# Reciprocity

Dear Dr. McGee:

I have just looked through the pages of ORAL HYGIENE for the month of February, and I see the subject of Reciprocity is missing from them. Excellent argument has been advanced thus far. I hope the matter has not been dropped.

I have been reading these articles and arguments from time to time for two years, and hoped something would come of them. Perhaps the situation warrants the description of Mark Twain's, re: the weather and politics—everybody talks about them, but nobody does anything to better or correct them.

Perhaps if this question were taken up by the dental societies in open meeting, something might be accomplished. I do not recall ever having heard even an intimation of the subject being broached at any dental society meeting. Perhaps there the movement could be given impetus.

I attend meetings only spasmodically, and for the same reason that I have not voiced my sentiments sooner on paper, I am rather timid of my feeble efforts either as orator or author, I have thus far said nothing on the subject, although I am mightily aroused by the incongruity, the unfairness, the almost ludicrous, if not otherwise so pitiable, state of affairs.

And, speaking of politics, might not an analogy be drawn between certain political groups and our own good state boards? In certain cities there are large councils, functioning to operate civic affairs, where a smaller body at lesser cost could do the same. Or let us take the case of our magistracy system. Everybody deplores the despicable plan under which this type of the judiciary, in larger cities at least, administers justice.

The abolition of such sores on the body politic would have to come from the fountain-head. The men we would deprive of sinecure and

abuse are the ones who actually control the promulgation of the laws to wipe them out. What fools they would be to give up such easy berths!

Are the men owning the state boards to be deprived of their own nice fat jobs? Will ORAL HYGIENE print such a question? Can it face the "powers that be"?

Perhaps I have been unjust. There is really no such analogy. The boards are needed as examining boards. Let us even create another board, a National Board to supervise each existing state board. Let it dictate the general policy. And let each separate board give its examinations under one direct control. Then, if a man pass the examinations of one board, he would be automatically a graduate of every board. A graduate of one grammar school is certainly a graduate of a dozen others.

To rehearse the countless arguments of reciprocity is not necessary now. We all know that to cobble shoes in one state allows the cobbler permission to cobbler in another. Why the tyrannical oppression and suppression of the dentist?

I have patients who come in from the nearby towns in the state of New Jersey. Yet I am a Pennsylvania practitioner. These patients can come to me and I am within my legal rights. The law of New Jersey does not protect these poor unwitting patients from the dastardly operations of a Pennsylvania dentist. But if I go over to the neighboring state to practice on these same patients—horror of horrors! I am a criminal of the deepest dye.

However, I would be good friends with the boards. Let them exist. They are needed. But let them operate in a sensible manner. Let tyranny be abolished. Let the boards "live and let live."

Yours sincerely,

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# LAFFODONTIA



If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

"Should a man propose to a girl on his knees?"

"Yes, either that or she should get off."

JUNIOR: "Between you and me what do you think of Jack's girl?"

SENIOR: "Between you and me, not so much; but alone—oh, boy!"

LADY (to druggist): "Have you any Lifebuoy?"

DRUGGIST: "Just set the pace, kid!"

LADY (to small boy accompanied by two dogs)—"Have you licenses on both those dogs?"

SMALL BOY—"No'm. The big one's all right, but the little one's just full of them."

"Does he know many women?"

"Why, the twentieth name on his telephone list is Alice Adams."

ONE: "Hold up your hands. I'm going to shoot you."

ANOTHER: "Why?"

ONE: "I always said I'd shoot anyone who was homelier than I."

ANOTHER: "Am I homelier than you?"

ONE: "Yes."

ANOTHER: "Well go ahead and shoot!"

PETER—"How many in your family?"

PAN—"Nine."

PETER—"Are you the oldest?"

PAN—"No, my father."

HE: "May I hold your hand?"

SHE: "Well, I suppose we'll have to start with the usual preliminaries."

The applicant for the situation as cook was insolent looking and untidy.

"Don't engage her," whispered the prospective employer to his wife. "I don't like the look of her."

"But," remonstrated his wife, "just consider the reputation for cooking she bears."

"That doesn't matter," said the man, testily. "We don't want any she-bears cooked. I won't eat 'em."

FIRST STAGE HAND—"I don't like those Apache dancing acts where the guy drags the dame all over the place by the hair of her head."

SECOND S. H.—"Oh, I like them acts. After one of them the stage is so easy to sweep."

"They say that a single oyster will lay from one to eight million eggs a year."

"Gosh! Think of the married ones!"